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April 6, 2005

TO: All Drug Medi-Cal Providers

FROM: Patrick L. Ogawa, Director
Alcohol and Drug Program Administration

SUBJECT: REVISION OF DRUG MEDI-CAL BILLING SYSTEM

This is to advise you that Alcohol and Drug Program Administration (ADPA) Information System Division is in the process of revising the current Drug Medi-Cal (DMC) Billing System to be fully Web enabled. The new version will improve flexibility and allow the DMC application to be used with any personal computer that has internet access. The update will also eliminate the replication process as well as the need to re-install the DMC application whenever users replace or upgrade computers. These enhancements will allow your staff to have more efficient data access.

Claims Submission Schedule:

All DMC claims for service month April 2005 should be submitted to ADPA via the current system by May 10, 2005. However, on May 16, 2005, the current application will be replaced with the new DMC system for claims submission.

The changes to the DMC system require that your hardware meet the following minimum system requirements:

- Pentium III or equivalent with 128 MB RAM
- Windows 2000 or later version
- Printer
- Internet Explorer 6.0 or later version
- Internet Access: Preferred Internet Broadband such as: T1 or Digital Subscriber Line (DSL) for faster speed; However, the system still supports dial up internet (56K) connectivity.



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Training Schedule:

To ensure the continuity of the billing process, please have your designated billing staff complete the attached user registration form and contact ADPA at (626) 299-4520 to arrange for trainings which will be conducted during the month of May, 2005.

If you have any questions or need additional information, please contact Richard Lugo at (626)299-4547.

PLO:dh

Attachment

c: Wayne Sugita
George Weir
Jeremy Cortez
Leo Busa

**LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES
ALCOHOL AND DRUG PROGRAM ADMINISTRATION**

DRUG MEDI-CAL USER REGISTRATION FORM

TYPE OF REQUEST:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEW REGISTRATION	UPDATE PRIOR REGISTRATION	DELETE REGISTRATION
USER ACCESS – USE ONE FORM PER SYSTEM APPLICATION:		
DRUG MEDI-CAL <input type="checkbox"/>		
PROFILE INFORMATION		
NAME (Last Name, First Name)		
E-MAIL ADDRESS		
AGENCY NAME		
AGENCY ADDRESS (Street, City, Zip Code)		
WORK PHONE NUMBER () -		
BY DEFAULT, ACCESS IS GRANTED TO ALL AGENCY LOCATIONS. CHECK BOX IF USER NEEDS ACCESS ONLY TO SPECIFIC LOCATIONS AND LIST THEM BELOW: <input type="checkbox"/>		
APPROVALS		
USER'S SIGNATURE		DIRECTOR'S SIGNATURE
DIRECTOR'S NAME (Please Print)	TELEPHONE NO. () -	DATE (MM/DD/YYYY)
FAX COMPLETED AND SIGNED FORM TO:		
FAX # (626) 299-7227		
ATTENTION: RICHARD LUGO		
PROCESSING (FOR ADPA INFORMATION SYSTEMS DIVISION ONLY)		
Authorized by:	Date:	
Processed by:	Date:	
Warning: Failure to fully complete this form will cause a delay in processing your request. Any questions, please contact Richard Lugo at (626) 299-4547, Rudy Robot (626) 299-4551 or Fernando Frausto (626) 299-4549.		